

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

E AUG 29 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|--|
| 1 File Number U 8278 | 2 Fiscal Year Covered From 1/1/2004 Through 12/31/2004 |
| 3 Name and address of person filing Name DANIEL E McLaughlin P O Box Bldg Room No if any Suite E Street 2460 William St Suite E City St Charles State ILLINOIS ZIP Code + 4 60175 | 4 Name file number and address of labor organization Name Chicago Regional Council of Carpenters Labor Organization File Number 001-949 P O Box Building and Room Number if any Street 12 E EIRE ST City Chicago State ILLINOIS ZIP Code + 4 60611 |
| 5 Position in labor organization Business Representative / Organizer Local 363 | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|--|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income 7 b Amount |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Daniel E McLaughlin

On 6-29-05
Date

630-688-9849
Telephone Number

| | |
|--|---------------|
| Name of Person Filing <u>Daniel McLaughlin</u> | File Number U |
|--|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|--|---|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Goldberg Weisman Canto Ltd</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any <u>34th floor</u></p> <p>Street <u>One East Wacker dr</u></p> <p>City <u>Chicago</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60601</u></p> | <p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11 a Nature of such dealing</p> <p><u>Golfing in Long Grove IL Talked about GWC, work comp lawyers to attend our union meetg about their legal services for union members.</u></p> <p>11 b Approximate dollar value of such dealing <u>225⁰⁰</u></p> <p>12 a Nature of interest held or income received</p> <p>_____</p> <p>12 b Amount _____</p> |

| | |
|---|---|
| <p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p> | |
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14 a Nature of payment</p> <p>_____</p> |
| <p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment _____</p> |